Telephone 703.760.5200

PTO/SB/17 (01-06)
Approved for use through 07/31/2006. OMB 0651-0032
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Onder the Paperwork Reducti	uncu to re	complete if Known					
Fees pursuant to the consoling to operations Act, 2005 (H.R. 4818).				Application Number		09/690,212	
FEE TRANSMITTAL For FY 2006				Filing Date		10/17/2000	
				First Named Inventor			
				Examiner Name		Mamdani et al.	
Applicant claims small entity status. See 37 CFR 1.27				'		Kambiz Abdi	
TOTAL AMOUNT OF PAYMENT (\$) 1.810.00					3621		
TOTAL AMOUNT OF TAIL	Ψ,	1,010.00		Attorney Docke	t NO.	033327.0021	
METHOD OF PAYMENT (check all that apply)							
Check Credit Card Money Order None Other (please identify):							
Deposit Account Deposit Account Number: 50-0766 Deposit Account Name: Williams Mullen							
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)							
✓ Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee							
Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments							
under 37 CFR 1.16 and 1.17 WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card							
information and authorization on PTO-2038.							
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)							
1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
						INATION FEE: Small Entity	_
Application Type	Fee (\$)	Fee (\$)	Fee (\$		<u>Fee</u>		Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	(0	
2. EXCESS CLAIM FEES Small Entity							
Fee Description Feeb eleim ever 20 (including Paissues)						<u>Fee (\$)</u> 50	<u>Fee (\$)</u> 25
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						200	100
Multiple dependent claims						360	180
				Paid (\$)		Multiple	Dependent Claims
20 or HP =		_ x	_ =			<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total Indep. Claims	claims paid for Extra Claim	-	Eoo	Paid (\$)			<u> </u>
- 3 or HP =		_ X	= 1.00	raid (\$)			
HP = highest number of independent claims paid for, if greater than 3.							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer							
listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50							
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)							
100 = / 50 = (round up to a whole number) x =							
4. OTHER FEE(S) Non-English Specification, ~\$130 fee (no small entity discount) Fees Paid (\$)							
Other (e.g., late filing surcharge): Petition for Extension of Time. REquest for Continued Examination \$1,810							

Name (Print/Type) Thomas F. Bergert Date February 13, 2006 This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Signature

Registration No. (Attorney/Agent) 38,076